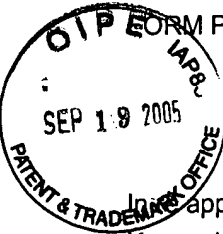


\$ 2826
1FW

DOCKET
Attorney Docket No. 81754.0021
Customer No. 26021



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of:
Kazunobu KUWAZAWA
Serial No: 09/544,392
Confirmation No: 8777
Filed: April 6, 2000
For: Memory Device and Dissimilar Capacitors Formed on
Same Substrate (as amended)

Art Unit: 2826
Examiner: Scott R. Wilson

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
September 16, 2005
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis 09/16/2005
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.
☒ Return postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	33	-	50	**	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	7	-	6	***	1	LG=\$200 SM=\$100	\$200	\$ 200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
Independent Claims: 1, 2, 13, 14, 15, 30 and 31						TOTAL		\$ 200

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$200 to cover the additional claims fee to Deposit Account No 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

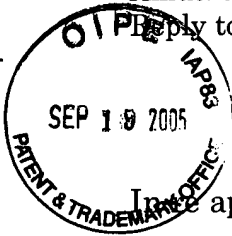
Date: September 16, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Telephone: 213 337-6700
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By: *Troy M. Schmelzer*
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Appl. No. 09/544,392
Amdt. dated September 16, 2005
Reply to Office Action of June 17, 2005

Atty. Ref. 81754.0021
Customer No. 26021



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In re application of:

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Juanita Soberanis

Name

Juanita Soberanis 09/16/2005

Signature

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 17, 2005, please amend this
application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which
begins on page 3 of this paper.

Remarks/Arguments begin on page 12 of this paper.

09/21/2005 MAHME1 00000012 501314 09544392

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